

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Grassroots Organizing Acting &amp; Leading PAC - GOALPAC

**A.** Full Name (Last, First, Middle Initial)  
**CONNOLLY FOR CONGRESS**

Mailing Address PO Box 563

City Merrifield State VA Zip Code 22116

Purpose of Disbursement  
ContributionCandidate Name  
Gerry ConnollyCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 11

Transaction ID: D357986

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
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**B.** Full Name (Last, First, Middle Initial)  
**DAN SEALS FOR CONGRESS**

Mailing Address P.O. Box 584

City Wilmette State IL Zip Code 60091

Purpose of Disbursement  
ContributionCandidate Name  
Daniel J SealsCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: D358069

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
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**C.** Full Name (Last, First, Middle Initial)  
**DENNY HECK FOR CONGRESS**

Mailing Address 2921 Cloverfield Drive SE

City Olympia State WA Zip Code 98501

Purpose of Disbursement  
ContributionCandidate Name  
Dennis HeckCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 03

Transaction ID: D358007

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Amount of Each Disbursement this Period

2000.00									
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**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....